



FORM  
LOB

(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION

LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

MAR 27 P2:31

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☒ January 1 - last day of February

☐ March 1 - April 30

☐ May 1 - December 31

STATE OF HAWAII  
STATE ETHICS COMMISSION

LOBBYIST INFORMATION

Michael

Last Name

Sarah

First Name

M.I.

Sanofi Pasteur

Lobbyist Firm/Employer

533 Kirkland Avenue

Mailing Address (Number and Street or P.O. Box)

Kirkland, WA 98033

City

State

Zip Code

(253) 740-3880

sarah.michael@sanofipasteur.com

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Fees Paid to Lobbyist	Postage	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. Sanofi Pasteur	0	0	0	0	0	0	0	0	0	0	0
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16. Total Expenditures from Additional Attached Sheet(s)											0

Add Total Expenditures (lines 1 through 16) Total Expenditures 0

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG	Amount or Value
n/a		0.00

☐ Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value
n/a		0.00

☐ Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value
n/a		0.00

☐ Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |                                                                   |                                                         |                                                                             |                                                                     |
|-------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |                                                                     |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Signature of Lobbyist

Sarah Michael

Print Name

Date

3-25-13  
MS, State Government Affairs

Title